

To Mr. [unclear] [unclear]
Friend the Author
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OUTLINES

OF A
PLAN

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FOR THE
REGULATION
OF THE
SURGICAL DEPARTMENT

OF THE
ROYAL INFIRMARY.

*Submitted to the Consideration of the MANAGERS of
that Institution.*

By JOHN THOMSON.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS, EDIN.

EDINBURGH:

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OUTLINES

OF A
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REPORT

OF THE

SURGICAL DEPARTMENT

ROYAL INFIRMARY

Submitted to the Corporation of the Managers of
the Royal Infirmary

BY JOHN THOMSON

MEMBER OF THE ROYAL SOCIETY OF MEDICINE

EDINBURGH:

Printed at E. STEWART & CO.

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IN considering of a proper arrangement for the Surgical department of the Royal Infirmary, it is necessary to keep steadily in view the great and leading ends of that institution.

That the main object of the establishment is the relief and cure of the sick and diseased poor, is a proposition concerning which there can be no diversity of opinion. To that unfortunate class of men the Royal Infirmary offers an asylum in which they shall receive every advantage that money can procure to the rich, from the attention, skill and humanity of able Physicians and Surgeons.

That the Royal Infirmary is highly serviceable by the opportunities of instruction which it affords to Students of Medicine in this University, will be also admitted. But it seems to be less generally understood how much the community is benefited, by the number of medical practitioners who obtain, from their attendance in this Hospital, the means of improving themselves in the practical and more immediately useful parts of their profession; though

though, perhaps, in an enlarged view of the institution, this object is of as essential importance as the relief publicly given to the indigent sick. For, without taking into consideration the advantages, which persons, in the better conditions of life, derive from the knowledge and skill of their medical attendants, still the number of sick and diseased poor, whom practitioners are called to visit in the course of private practice, must always greatly exceed the number of those admitted into hospitals. But as the knowledge, skill, and ability of medical men will always bear a certain proportion to the means of improvement which they have enjoyed, society becomes deeply interested in procuring to them schools of instruction, practical opportunities of improving themselves in the exercise of all the branches of their profession.

It must be confessed that the Managers of the Royal Infirmary have ever shewn a laudable desire to adopt every measure which could tend to the benefit of the sick, or promote the general usefulness of the institution committed to their charge. The proposals which have been lately made for changing the present plan of surgical attendance are a new proof of this disposition. It is but justice also to add, that the members of the College of surgeons have not failed, on their part; having ever given the most regular attendance, and shewn the greatest humanity to the patients under their care. If it shall appear to the Managers, on mature reflection, that there is any essential defect, or positive evil, in the present mode of attendance, the

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College, I am persuaded, will never suffer the supposed interest or advantage of its individual members to operate to the detriment of the sick received into the Infirmary. A claim of right, to continue a plan of surgical attendance injurious to the patients, cannot be maintained, and would not be listened to in a Court of Justice; by a liberal and humane public it could be regarded only with abhorrence.

For my own part, I am convinced that the sick and diseased poor, admitted into the surgical wards of the Royal Infirmary, do not receive all the benefit which that institution holds out to them, which the public intended they should receive, and which a different arrangement in the plan of surgical attendance might undoubtedly insure.

Though I shall certainly not pretend to say any thing of the evils arising from the want of dexterity, practical skill and experience, I must be allowed to remark, that from the period of a surgeon's attendance in the Infirmary being limited to two months, and from the patients being so speedily transferred to the care of another, he cannot have a sufficient inducement to study attentively every circumstance of all the particular cases under his charge, or to devise and steadily to prosecute a precise and specific plan of cure. In this way, cases are in danger of being overlooked or neglected, especially when they do not seem to require immediate attention, or when they are not likely soon to become the subject of operation.

Each

Each surgeon naturally wishes to acquire as much reputation as possible, during the short period of his attendance, by the exercise of the operative part of his profession; and while his attention is chiefly fixed on this point, the lesser ailments of his patients are liable to be neglected. May not this very wish to have as many operations as possible, insensibly bias the judgement of the attending surgeon with respect to the propriety of operating in cases that are to pass speedily from under his care?

From the little interest which the surgeon can be supposed to feel in the state of his wards, improper and incurable cases will be often admitted into the Infirmary, and allowed to remain there, to the certain loss of the institution, and to the detriment of the public, by occupying places which might have been given to persons in a condition susceptible of relief.

The present quick rotation of surgeons must prevent the establishment of any thing like a regular or settled plan of procedure in the management of the Surgical department. The same mode of treatment will be but seldom persisted in under different practitioners, for a length of time sufficient either to benefit the patient, or to ascertain its effects. Each surgeon will have his favourite remedies and modes of practice, which may not only add considerably to the expence of the institution, but the execution of which must often create a great deal of confusion, and sometimes disagreeable mistakes in the inferior departments.

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The attending Surgeon has not, by the present plan, a sufficient opportunity to become acquainted with the qualifications and conduct of the Dressers and Nurses, though much of his success in practice must depend on their attention and good management.

The business of the Surgical department is generally too much for any one surgeon to perform. As an inevitable consequence of this, he must either perform his duty in an imperfect manner, or leave a great part of it to be done by the surgeon's clerk; and in particular, no regular reports will be taken by the surgeon of the cases under his care, but the clerk will be left to make up reports in the best manner he can, partly from memory, and partly from imagination. The omission of regular reports must render attendance in the Surgical wards of much less benefit than it might otherwise be to the students.

It must be obvious also to every one acquainted with the nature of the duties which the situation of Surgeon to the Royal Infirmary imposes, that there may be many things in the character, general conduct, temper and manners of a surgeon, which, though no proper grounds of exclusion from a corporation, may yet render him a very unfit person to discharge properly the duties of the Surgical department in a large hospital.

By the present mode of allowing indiscriminately
every

every young member of the College of Surgeons to take his turn of public duty in the Infirmary, some of them must be supposed to have but little previous preparation for so important a trust, so very arduous an undertaking.

And lastly, While the present plan of a general rotation is continued, the Managers of the Infirmary, who are the legal guardians of the patients, by departing from the exercise of one of their most indispensable rights, suffer their most sacred duty to lie in *abeyance*, reserving to themselves no share in the nomination, and having no controul over the conduct of the surgeons, to whose skill and dexterity the lives of the patients are committed.

A part of these inconveniencies and evils might no doubt be prevented by the appointment of two or more permanent surgeons; but this appointment would bring along with it inconveniencies and evils, not less pernicious in their consequences, than those which arise from the present plan of a general rotation.

If the permanent surgeons were chosen from among the older and more experienced members of the College, and who of course must be supposed to be much occupied in private practice, they could not give that punctual, constant, and regular attendance, which is necessary in the conduct of the surgical department of the Infirmary.

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These men would soon become objectionable from their age; for there is a period beyond, as well as before which, it were well surgeons were not permitted to operate. This period differs no doubt in different individuals; but we do not always perceive, nor when we perceive are we always willing to acknowledge, the approach of the symptoms which indicate old age. In the appointment therefore of permanent surgeons there will be always a danger, on the one hand, of the surgeon wishing to retain the office longer than he continues fit for its duty, and a cruelty, on the other, in dismissing an old and respectable surgeon, on account of infirmities which he must be anxious to conceal.

Two surgeons are unequal to all the duties of the Infirmary: for in almost every operation assistants are necessary. Besides, from the nature of the cases which are daily admitted into the Infirmary, it is proper that surgical assistance should always be at hand. But two or even three surgeons bound to attend to the concerns of the Infirmary would not be a sufficient number: they might be in the country, engaged in business, or confined by sickness; while a case of extreme urgency required their attendance. How often, for instance, has it happened, in cases of dangerous bleedings, that scarcely a surgeon could be found of the numerous body which at present belongs to that department?

It might happen from a variety of causes, that one, or even both of the surgeons appointed to the Infirm-

ary, were men incapable of arriving at any great degree of excellence in their profession. These men, however, might continue to occupy the place of hospital surgeons for a very long period, to the detriment of the Infirmary, and to the great loss of the public.

Were even the ablest and most promising men in their profession uniformly appointed, one or both of them might be removed by accident or death; and in this event, it is evident, the management of affairs in the surgical department, would remain for a time in a state of uncertainty and imperfection, if not of disorder.

But lastly the appointment of permanent surgeons to the Royal Infirmary, must for ever prevent the proper education and regular training of a sufficient number of surgeons in Edinburgh, to perform advantageously all the duties required of them by the public.

It has been suggested, that “ the inconveniencies arising from the present mode of a general rotation, and which would arise from the appointment of permanent surgeons, might be prevented by the Managers electing a certain number of the College, to officiate as surgeons in the Infirmary, for a limited time, one going out by rotation at the end of a fixed period.” *

To

* Mr. Andrew Wood's motion to the Royal College of Surgeons. 6th Sept. 1800.

To carry this plan of attendance into effect it is proposed, that six surgeons be appointed to the Infirmary, two to act as ordinary surgeons, and four as their assistants.

That one of the ordinary surgeons shall go out every eighteen months, and that his place shall be filled up by the oldest assistant.

That the two ordinary surgeons shall divide the surgical patients and their public duties in the Infirmary, in the same manner as has been done for a long time by the physicians.

That the office of the assistants, as the name imports, shall be to attend and assist the ordinary surgeons in their operations, and other public duties.

That in the occasional or necessary absence of the ordinary surgeon, the oldest assistant shall take charge of his department, and act in all cases as the ordinary surgeon.

That, in all cases requiring operation, a consultation shall be held of the six surgeons belonging to the Infirmary, who, in cases of extreme difficulty or danger, shall be at liberty to call in the advice of some older and more experienced consulting surgeons.

That this body of consulting surgeons shall, at present, be chosen from the older members of the College; but that in future their places shall be filled

up

up with such surgeons only as have gone through their term of public duty in the Infirmary.

That, instead of a fixed salary to the two ordinary surgeons, they shall be allowed, in the first place, to appoint and to receive fees from the dressers, who are to serve under them in the Hospital; and in the second, that each ordinary surgeon be allowed to give a clinical lecture, weekly or oftener, in which he shall explain to the students the nature of the cases admitted into his wards, and the reasons of his own practice; and that, in the event of the ordinary surgeon declining the privilege of lecturing, it shall be permitted to one or other of the assistants to perform that duty.

In the *first* place, it must be obvious that, by the adoption of this plan, no surgeon would be permitted to take charge of the Infirmary till he had undergone a very full course of preparation, and none would be continued in office beyond the period at which his private and more lucrative business must engage his attention, and necessarily call him away from the concerns of the Infirmary.

2dly, By this plan of attendance, a succession of surgeons would be regularly and fully trained up in the knowledge and practice of their profession, and the inhabitants of Edinburgh would, in the hour of distress and danger, have the consolation to know that no ordinary accident could deprive them of the benefits

benefits resulting from the possession of a numerous body of well educated and experienced surgeons.

3dly, This plan would also concede as much to the individual interest of the members of the College of Surgeons, as seems to be consistent with the good of the patients admitted into the Infirmary, and with the benevolent intentions of the public, in procuring for the sick and diseased poor that salutary asylum. For, upon a fair computation, it will appear that nearly three fourths of those admitted into the College, and who continue to practise in Edinburgh, would be, in their turn, appointed surgeons to the Royal Infirmary.

4thly, It is superfluous to insist on the advantages which the students of surgery would derive from the regular and stated delivery of clinical lectures; for this mode of teaching medicine and surgery by example, is the surest and safest, if not the speediest method that can be followed, in forming able and skilful practitioners.

But if clinical lectures be in an eminent degree useful to students, it is not less certain that they would indirectly benefit the patients. If there be any thing which can induce the rash practitioner to pause, the inconsiderate to reflect, or the ill-informed to seek for instruction, it is the necessity of explaining the grounds of his practice, and his opinions of disease, to an audience selected from the students of this University.

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These rude outlines of a plan of Surgical attendance for the Royal Infirmary, are with great deference submitted to the consideration of the Managers; in the sincere conviction that, by the adoption of this, or some other similar plan, the Managers will secure to the public and to the sick and diseased poor, who put themselves under their protection, the great and important ends to be attained by the erection and maintenance of that noble Institution.



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